

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012649		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/03/2012	
NAME OF PROVIDER OR SUPPLIER AMAZING GRACE MY CHOICE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 8727 COMMERCE PARK PL STE L INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	<p>INITIAL COMMENTS</p> <p>This visit was for a home health initial medicaid certification. This was an extended survey.</p> <p>Survey dates: 7/31/12-8/3/12</p> <p>Facility # 012649</p> <p>Survey Team:</p> <p>Dawn Snider, RN, PHNS Linda Dubak, RN, PHNS</p> <p>Census Service Type:</p> <p>Skilled Patients: 7 Home Health Aide Only Patients: 0 Total: 12</p> <p>Sample: RR w/o HV: 7 RR w HV: 5 Total: 12</p> <p>The agency was found to be out of compliance with the Conditions of Participation 42 CFR 484.14 Organization, Services, and Administration; 484.16 Group of Professional Personnel; 484.18: Acceptance of Patients, Plan of Care, and Medical Supervision; 484.36: Home Health Aide Services; 484.48: Clinical Records; and 484.52 Evaluation of the Agency's Program.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 15, 2012</p>			G 000			
G 108	484.10(c)(1) RIGHT TO BE INFORMED AND PARTICIPATE			G 108			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 108	<p>Continued From page 1</p> <p>The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished.</p> <p>The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>The HHA must advise the patient in advance of any change in the plan of care before the change is made.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review and policy review, the agency failed to ensure the patient was informed of the frequency of visits and documents were dated and signed for 5 of 12 clinical records reviewed (1, 2, 5, 8, and 10) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 1/11/2, failed to include documentation the patient had been informed of the frequency of visits.</p> <p>A document titled "Service Outline" indicates with a check mark, "Skilled nurse." Documented next to "other": "Pt. [patient] declined services." The document is undated and unsigned.</p> <p>2. Clinical record #2, start of care 5/15/12, failed to include documentation the patient had been informed of the frequency of visits, the care to be furnished.</p> <p>A document titled "Service Outline" indicates</p>			G 108			

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G 108	Continued From page 2 with a check mark, "Skilled nurse." The document is undated and unsigned. 3. Clinical record #5, start of care 3/14/12, failed to include documentation the patient had been informed of the frequency of visits and the care to be furnished. 4. Clinical record #8, start of care 9/9/11, failed to include documentation the patient had been informed of the frequency of visits and the care to be furnished. 5. Clinical record #10, start of care 4/15/12, included a signed consent by the patient for skilled nurse visits "2 hrs times 1 day times 1 week." Another consent signed by the spouse of the patient on 4/19/12 failed to include documentation the patient had been informed of the frequency of visits and the care to be furnished. 6. The undated agency policy titled "2.5 GUIDELINES FOR ASSESSMENT INITIAL COMPREHENSIVE ASSESSMENT" states, "b. Determine the need for care and services and the type of care and services to be provided" 7. The undated agency policy titled "2.13 ELIGIBILITY CRITERIA" states, "11. On admission, each patient / client shall receive: ... c. a description of available services, service charges, payment sources."			G 108			
G 111	484.10(d) CONFIDENTIALITY OF MEDICAL RECORDS The patient has the right to confidentiality of the clinical records maintained by the HHA.			G 111			

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G 111	Continued From page 3 This STANDARD is not met as evidenced by: Based on document and policy review and interview, the agency failed to ensure clinical records were secured from potential theft for 1 of 1 agency with the potential to affect all the agency's patients. Findings include: 1. Agency documents dated 3/13/12 evidenced the administrator was storing clinical records in the trunk of her car when it was broken into and clinical records were stolen. 2. On 7/31/12 at 2:10 PM, the administrator indicated she had previously had clinical records stolen from the trunk of her car. 3. The undated policy titled "Confidentiality / Agency Use of Records / Authority to Make Entries" states, "All clinical records and the contents thereof are confidential and will be protected from loss and unauthorized use. Patient / client clinical records will be maintained in a secure manner as to maintain the integrity of the client / patient data through routine backups on or off site."			G 111			
G 113	484.10(e)(1) PATIENT LIABILITY FOR PAYMENT The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.			G 113			

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G 113	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review and policy review, the agency failed to ensure the patient was notified of the extent to which payment may be expected from Medicare and other sources and the extent to which payment may be required from the patient for 7 of 7 active records reviewed with the potential to affect all the agency's patients. (#2-8)</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care (SOC) 5/15/12, included a form titled "Consent for Treatment and Financial Agreement" dated 5/15/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed.</p> <p>2. Clinical record #3, SOC 1/24/12, included a form titled "Consent for Treatment and Financial Agreement" dated 1/24/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed.</p> <p>3. Clinical record #4, SOC 3/14/12, included a form titled "Consent for Treatment and Financial Agreement" dated 3/14/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed.</p> <p>4. Clinical record # 5, SOC 3/14/12, included a form titled "Consent for Treatment and Financial Agreement" dated 3/14/12 that failed to evidence the patient was informed of any payment</p>			G 113			

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G 113	Continued From page 5 information. None of the lines for payment information had been completed. 5. Clinical record # 6, SOC 3/15/12, included a form titled "Consent for Treatment and Financial Agreement" dated 5/15/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed. 6. Clinical record #7, SOC 3/15/12, included a form titled "Consent for Treatment and Financial Agreement" dated 3/15/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed. 7. Clinical record # 8, SOC 9/9/11, included a form titled "Consent for Treatment and Financial Agreement" dated 7/9/11 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed.			G 113			
G 114	484.10(e)(1(i-iii)) PATIENT LIABILITY FOR PAYMENT Before the care is initiated, the HHA must inform the patient, orally and in writing, of: (i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally			G 114			

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G 114	<p>Continued From page 6</p> <p>funded or aided program known to the HHA; (ii) The charges for services that will not be covered by Medicare; and (iii) The charges that the individual may have to pay.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review and policy review, the agency failed to ensure the patient was notified of the extent to which payment may be expected from Medicare and other sources and the extent to which payment may be required from the patient for 7 of 7 active records reviewed with the potential to affect all the agency's patients. (#2-8)</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care (SOC) 5/15/12, included a form titled "Consent for Treatment and Financial Agreement" dated 5/15/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed.</p> <p>2. Clinical record #3, SOC 1/24/12, included a form titled "Consent for Treatment and Financial Agreement" dated 1/24/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed.</p> <p>3. Clinical record #4, SOC 3/14/12, included a form titled "Consent for Treatment and Financial Agreement" dated 3/14/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment</p>			G 114			

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G 114	Continued From page 7 information had been completed. 4. Clinical record # 5, SOC 3/14/12, included a form titled "Consent for Treatment and Financial Agreement" dated 3/14/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed. 5. Clinical record # 6, SOC 3/15/12, included a form titled "Consent for Treatment and Financial Agreement" dated 5/15/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed. 6. Clinical record #7, SOC 3/15/12, included a form titled "Consent for Treatment and Financial Agreement" dated 3/15/12 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed. 7. Clinical record # 8, SOC 9/9/11, included a form titled "Consent for Treatment and Financial Agreement" dated 7/9/11 that failed to evidence the patient was informed of any payment information. None of the lines for payment information had been completed. 8. The undated policy titled "2.9 REFERRAL AND ACCEPTANCE OF PATIENTS/CLIENTS" states, "4. When a request is received for home health services, the patient/client will be considered for acceptance as a patient / client if he/she is: a. Homebound, if Medicare billing or private insurance requirements are met."			G 114			
G 121	484.12(c) COMPLIANCE W/ ACCEPTED			G 121			

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G 121	<p>Continued From page 8 PROFESSIONAL STD</p> <p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, policy review, interview, and observation, the agency failed to ensure agency policies were followed regarding the provision of services and the nurse acted within the scope of the Indiana nurse practice act in 1 of 7 active records reviewed with the potential to affect all the agency's patients. (#4)</p> <p>Findings include:.</p> <p>1. The undated policy titled "2.57 CLINICAL RECORDS CONTENTS" states, "It includes the following information; ... 3. Physician's Orders ... b. Physician's orders are to cover the following: ... (4) Medications (5) Treatment 4. Change of Physician's Orders a. Changes in orders that occur before the orders are renewed are to be documented in the clinical record and a written request is to be sent to obtain the orders in writing. These orders are to be signed by the physician within 30 days."</p> <p>2. The undated policy titled "2.13 ELIGIBILITY CRITERIA" states, "4. Patients/clients needing skilled care must be under the care of a physician. The physician's plan of treatment shall include orders for all services except household, chore, or sitter services unless such orders are required by the state."</p>			G 121			

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G 121	<p>Continued From page 9</p> <p>3. Clinical record #4, start of care date 3/14/12, evidenced medical plans of care including medical diagnoses and orders for skilled nursing care and home health aide services that had been completed by the administrator / director of nursing. The plans of care failed to evidence the physician ordered the care for the certification periods 3/14/12 - 5/13/12, 5/13/12 - 7/11/12, and 7/12/12 - 9/9/12.</p> <p>A. The plan of care for the certification period 3/14/12 - 5/13/12 included the diagnoses of severe mental retardation, flib foot, and incontinent of urine and stool. The orders identified the registered nurse (RN) was to visit 1 time a week for 8 weeks to monitor disease progress; monitor diet; monitor fall risk; educate on fall risk, meds, and diet; and assessment. The home health aide was to visit 8 hours per day for 8 weeks and was to "perform [unknown word] all ADLs [activities of daily living], remind feeds, face to face fall risk monitoring, and monitor patient to avoid eating fecal matter." On the bottom of the plan of care are notes indicating the doctor was called 5/4/12, the secretary called twice on 4/18/12 and the plan of care was also faxed on that day. The last notes states, "Dr. [doctor] has send [sic] he will sign when he likes."</p> <p>The record evidence the administrator / director of nursing provided the home health aide care and the skilled nurse care as ordered. The orders were written by the administrator /director of nursing and the plan of care was not signed by the physician.</p> <p>B. The plan of care for the certification period</p>			G 121			

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G 121	<p>Continued From page 10</p> <p>5/13/12 - 7/11/12 included the diagnoses of severe mental retardation, incontinent, and flib food. The plan of care included orders for the registered nurse to provide services 2 hours a week for 8 weeks to "supervise progress of all [unknown word] skin. cardiopulmonary assessment. educate on diet fall precautions" assesses constipation and to perform enema as ordered. The home health aide was to provide services 5 hours a day for 5 days a week for 8 weeks. The aide was to help with all ADLs, provide guidance, monitor patient from eating stool, fall precautions, and report any incident.</p> <p>The record evidenced the care was provided as ordered. A nurse's note dated 6/5/12 at 3 PM states, "Please note the doctor verbally denied to give [patient] care. He has refused to sign due to request but the [family member] has declines [sic] him care as reported." The orders were written by the administrator / director of nursing and the plan of care was not signed by the physician.</p> <p>C. The plan of care for the certification period 7/12/12 - 9/9/12 included the diagnoses of severe mental retardation, incontinent of stool and urine, and mild drop food. The registered nurse was to visit 1 hour 1 day a week for 8 weeks to supervise the home health aide, assess skin care, educate care giver on fall risk, educate nutrition, toileting, and draw care plan for any new episode. The home health aide was to provide services 4 hours a day five days a week for 8 weeks to monitor and implement all ADLs as necessary and keep patient tidy. The orders were written by the administrator / director of nursing and the plan of care was not signed by the physician.</p>			G 121			

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G 122	Continued From page 12 alternate administrator/ alternate director of nursing was available and had a working knowledge of the agency (See G 137), it followed its own personnel policies for 4 of 4 employee files reviewed (See G 141), and failed to ensure coordination of care occurred with other entities providing services for 2 of 2 patient records reviewed of patients receiving services from other entities (See G 143 and G 144). The cumulative effect of these systemic problems resulted in the agency's inability to meet the requirements of this Condition of Participation 42 CFR 484.14 Organization, Services, and Administration.			G 122			
G 123	484.14 ORGANIZATION, SERVICES & ADMINISTRATION Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable. This STANDARD is not met as evidenced by: Based on document review and interview, the agency failed to ensure the organizational chart was accurate for 1 of 1 agency with the potential to affect all the patients of the agency. Findings include: 1. The agency's undated organizational chart identified the agency has a Disaster Coordinator,			G 123			

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G 123	Continued From page 13 had licensed practical nurse, and provided physical therapy and occupational therapy services.			G 123			
G 130	<p>2. On 7/31/12 at 5:00 PM, the director of nursing indicated she was not providing all services, only nursing and home health aide services because of financial constraints and she did not have a Disaster Coordinator or Licensed Practical Nurse.</p> <p>3. On 8/2/12 at 9:17 AM, the director of nursing indicated the physical therapist was in Guyana and had not started working.</p> <p>484.14(b) GOVERNING BODY</p> <p>The governing body arranges for professional advice as required under §484.16.</p> <p>This STANDARD is not met as evidenced by: Based on document review and policy review and interview, the agency failed to ensure the professional advisory board included the required members and had met to perform their functions for 1 of 1 agency with the potential to affect all the patients served by the agency.</p> <p>Findings include:</p> <p>1. The undated organizational chart indicates the agency has a professional advisory committee. Two 2 people were on the Professional Advisory Committee. Both of the people listed were doctors. No other names were identified as being on the Committee.</p> <p>2. Review of agency documents failed to evidence any minutes for meetings of the</p>			G 130			

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G 130	Continued From page 14 professional advisory committee. 3. The undated policy titled "1.15 PROFESSIONAL ADVISORY COMMITTEE" states, "Meetings: The Advisory Committee shall meet at least twice yearly. ADVISORY COMMITTEE DUTIES: 1. Establish and annually review the Agency policies governing the scope of services offered, admission and discharge policies, medical supervision and plans of treatment, emergency care, clinical records, and personnel qualifications." 4. On 8/3/12 at 4:20 PM, the director of nurses indicated there had been no professional advisory meetings. 5. On 7/31/12 at 1:25 PM, the administrator / director of nursing indicated the Professional Advisory Committee had not met as they were waiting for the Medicaid Certification Survey.			G 130			
G 131	484.14(b) GOVERNING BODY The governing body adopts and periodically reviews written bylaws or an acceptable equivalent. This STANDARD is not met as evidenced by: Based on document review and policy review, the agency failed to ensure governing body minutes evidenced the governing body had reviewed the bylaws for 1 of 1 agency with the potential to affect all the agency's patients. Findings include: 1. A review of the policies failed to evidence any			G 131			

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G 131	Continued From page 15 documentation the by-laws had been reviewed by the governing body.			G 131			
G 135	2. The undated policy titled "1.10 GOVERNANCE" states, "By-Laws: The agency shall operate within the scope of its written By-laws, which are adopted by the Board of Directors and reviewed and approved at least annually." 484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, ensures the accuracy of public information materials and activities. This STANDARD is not met as evidenced by: Based on document review and interview, the administrator failed to ensure its brochure was accurate for 1 of 1 agency with the potential to affect all the agency's patients. Findings: 1. The undated agency brochure evidenced the agency provided personal care, housekeeping, companions, and licensed practical nurses. 2. On 7/31/12 at 5:00 PM, the director of nursing indicated she is not providing all services. The director of nursing stated, " I do everything. I am the nurse and the home health aide." She indicated the agency had no licensed practical nurses.			G 135			
G 137	484.14(c) ADMINISTRATOR			G 137			

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G 137	<p>Continued From page 16</p> <p>A qualified person is authorized in writing to act in the absence of the administrator.</p> <p>This STANDARD is not met as evidenced by: Based on policy and personnel file review and interview, the agency failed to ensure the alternate administrator/ alternate director of nursing was available and had a working knowledge of the agency for 1 of 1 agency with the potential to affect all the patient's of the agency.</p> <p>Findings include:</p> <p>1. On 8/1/2012 at 10:15 AM, the alternate director of nursing indicated she had another full time and a second part time job and did not know the patients nor had provided any patient care.</p> <p>2. The undated policy titled "4.14 ORIENTATION OF NEW HOME CARE STAFF" states, "All new Agency staff will participate in the Agency's organized orientation program. The usual orientation period will be approximately 12 weeks in duration and is designed to provide each new staff member with essential information relative to the Agency's policies and procedures."</p> <p>3. The personnel record for the alternate administrator / alternate director of nursing failed to evidence documentation of a signed job description or orientation for the alternate administrator / alternate director of nursing positions.</p>			G 137			
G 141	484.14(e) PERSONNEL POLICIES			G 141			

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G 141	<p>Continued From page 17</p> <p>Personnel practices and patient care are supported by appropriate, written personnel policies.</p> <p>Personnel records include qualifications and licensure that are kept current.</p> <p>This STANDARD is not met as evidenced by: Based on personnel record review, policy review, and interview, the agency failed to ensure it followed its own personnel policies for 4 of 4 employee files reviewed (A, B, C, and D) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. The undated policy titled "4.13 PERSONNEL RECORDS" states, "Personnel records shall contain the following: 1. Documentation that indicates receipt of orientation and job description 2. Verification of qualifications for the duties assigned in on-line licensure verification for professional employees, current licensure, registration, ... and certificate of training for all client care workers 3. Records of a health nature, including Mantoux results or chest x-ray results (held in a separate file) ... 12. An orientation check list."</p> <p>2. The undated policy titled '4.14 ORIENTATION OF NEW HOME CARE STAFF' states, " PROCEDURE: 1. The Agency Administrator or designee will ensure that every new staff member participates in the orientation program."</p> <p>3. The undated policy titled "4.9 SCREENING</p>			G 141			

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G 141	<p>Continued From page 18</p> <p>AND HIRING" states, "3. Each employee's health record shall be maintained in a separate personnel file, if the has direct patient contact. The record must include: a. A physical examination certifying that the employee is free of communicable disease. b. Tuberculosis test in undertaken with a Mantoux intradermal skin test and is required of staff that has not had a Mantoux test within the past six months."</p> <p>4. The undated policy titled "4.10 CRIMINAL BACKGROUND CHECK" states, "POLICY: 1. Prior to an offer of employment to unlicensed personnel and volunteers, the Agency will conduct a state criminal history check and search the Nurse Aide Registry, and the Employee Misconduct Registry to determine if that person has a criminal conviction or has committed certain conduct ... The request for a criminal history record must be made within 72 hours or [sic] employment ... Documentation of this notification must be kept in each employee's personnel file."</p> <p>5. Personnel record A, date of hire 6/1/11, failed to evidence the employee had been oriented to the position of administrator / director of nursing/registered nurse.</p> <p>6. Personnel record B, date of hire 2/10/12, failed to evidence the employee had been oriented to the position of alternate administrator / alternate director of nursing/ registered nurse and a dated job description for the position of alternate administrator / alternate director of nursing/registered nurse.</p> <p>7. Personnel record C, date of hire 5/17/12, failed</p>			G 141			

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G 141	Continued From page 19 to evidence the employee had a dated job description, was registered on the state registry as a home health aide, and an annual screening for tuberculosis. 8. Personnel record D, date of hire 2/24/12, failed to evidence the employee had been oriented to the position of home health aide, a criminal background check, a dated job description, was registered on the home health aide state registry, a physical exam that included free of communicable disease, and an annual screening for tuberculosis. 9. On 8/3/12 at 2:15 PM, the administrator / director of nursing indicated that A, B, C, and D were employees of the agency.			G 141			
G 143	484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. This STANDARD is not met as evidenced by: Based on clinical record review and policy review, the agency failed to ensure coordination of care occurred with other entities providing services for 2 of 2 (#2 and 9) patient records reviewed of patients receiving services from other entities with the potential to affect all patients receiving services from another entity. Findings include: 1. The undated policy titled "2.30			G 143			

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G 143	<p>Continued From page 20</p> <p>COORDINATION OF SERVICES" states, "4. The staff professional nurse is responsible for the following: a. The professional coordination of all home care services ... d. Maintaining channels of communication between / among all active caregivers and documents same on patient / client record e. Scheduling and participation in case conferences."</p> <p>2. Clinical record #2, with a certification period of 5/15/12-7/13/12 and 7/14/12-9/11/12, evidenced a note dated 5/9/12 at 1300 that references a social worker. The document titled "Patient Communication Log" states, "I called her and she clarified only RN Evaluation and send the report to MD, and call the Social Worker with the findings." The note was signed by the director of nursing. The clinical record failed to evidence any communication or other information regarding the social worker, the name of the social worker, or that the agency coordinated the care with the social worker.</p> <p>3. Clinical record #9, with a certification period of 2/28/12-4/27/12, evidenced a note dated 4/18/12 that references a social worker. The note states, "Patient contacted and said the social worker is helping himc{sic} situated ..."</p> <p>A note dated 5/10/12 at 12:15 states, "Social worker social worker Wishard - may (illegible word) medicine stolen (illegible word) Report to the Adult Protective Services (APS). He may be a drug person and maybe selling drugs (327-1403 Adult)" A discharge summary dated 6/28/12 states, "Unmet Goals: Patient not situated at home and has no home where we can visit from 04/28/12. Said when he gets a home will call.</p>			G 143			

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G 143	Continued From page 21 Social worker informed and patient released." The clinical record failed to evidence the name of the social worker and the outcome of the communication with APS.			G 143			
G 144	<p>484.14(g) COORDINATION OF PATIENT SERVICES</p> <p>The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review and policy review, the agency failed to ensure coordination of care occurred with other entities providing services for 2 of 2 (#2 and 9) patient records reviewed of patients receiving services from other entities with the potential to affect all patients receiving services from another entity.</p> <p>Findings include:</p> <p>1. The undated policy titled "2.30 COORDINATION OF SERVICES" states, "4. The staff professional nurse is responsible for the following: a. The professional coordination of all home care services ... d. Maintaining channels of communication between / among all active caregivers and documents same on patient / client record e. Scheduling and participation in case conferences."</p> <p>2. Clinical record #2, with a certification period of 5/15/12-7/13/12 and 7/14/12-9/11/12, evidenced a note dated 5/9/12 at 1300 that references a social</p>			G 144			

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G 144	<p>Continued From page 22</p> <p>worker. The document titled "Patient Communication Log" states, "I called her and she clarified only RN Evaluation and send the report to MD, and call the Social Worker with the findings." The note was signed by the director of nursing. The clinical record failed to evidence any communication or other information regarding the social worker, the name of the social worker, or that the agency coordinated the care with the social worker.</p> <p>3. Clinical record #9, with a certification period of 2/28/12-4/27/12, evidenced a note dated 4/18/12 that references a social worker. The note states, "Patient contacted and said the social worker is helping himc{sic} situated ..."</p> <p>A note dated 5/10/12 at 12:15 states, "Social worker social worker Wishard - may (illegible word) medicine stolen (illegible word) Report to the Adult Protective Services (APS). He may be a drug person and maybe selling drugs (327-1403 Adult)" A discharge summary dated 6/28/12 states, "Unmet Goals: Patient not situated at home and has no home where we can visit from 04/28/12. Said when he gets a home will call. Social worker informed and patient released." The clinical record failed to evidence the name of the social worker and the outcome of the communication with APS.</p>			G 144			
G 151	<p>484.16 GROUP OF PROFESSIONAL PERSONNEL</p> <p>This CONDITION is not met as evidenced by:</p>			G 151			

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G 151	Continued From page 23 Based on document review and interview, it was determined the agency failed to ensure a professional advisory group included a registered nurse for 1 of 1 agency with the potential to affect all the agency's patients (See G 152), failed to ensure a professional advisory group had met to establish agency policies for admission and discharge, medical supervision and plans of care, emergency care, clinical records, qualifications and program evaluation for 1 of 1 agency with the potential to affect all the agency's patients (See G 153), and failed to ensure the group of professional personnel met frequently for 1 of 1 agency with the potential to affect all the agency's patients (See G 154).			G 151			
G 152	<p>The cumulative effect of these systemic problems resulted in the agency's inability to meet the requirements of the Condition of Participation 484.15 Professional Advisory Group.</p> <p>484.16 GROUP OF PROFESSIONAL PERSONNEL</p> <p>A group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate representation from other professional disciplines.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the agency failed to ensure a professional advisory group included a registered nurse for 1 of 1 agency with the potential to affect all the agency's patients.</p>			G 152			

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G 152	Continued From page 24 Findings include: 1. The agency's undated Organization Chart identified 2 people were on the Professional Advisory Committee. Both of the people listed were doctors. No other names were identified as being on the Committee. 2. Review of agency documents failed to evidence any minutes for meetings of the professional advisory committee. 3. On 7/31/12 at 1:25 PM, the administrator / director of nursing indicated the Professional Advisory Committee had not met as they were waiting for the Medicaid Certification Survey.			G 152			
G 153	484.16 GROUP OF PROFESSIONAL PERSONNEL The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency. This STANDARD is not met as evidenced by: Based on document review, policy review, and interview, the agency failed to ensure a professional advisory group had met to establish agency policies for admission and discharge, medical supervision and plans of care, emergency care, clinical records, qualifications, and program evaluation for 1 of 1 agency with the potential to affect all the agency's patients.			G 153			

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G 153	Continued From page 25 Findings include: 1. Review of agency documents failed to evidence any minutes for meetings of the professional advisory committee that indicated the group had met to establish agency policies. 2. The undated policy titled "1.15 PROFESSIONAL ADVISORY COMMITTEE" states, "Meetings: The Advisory Committee shall meet at least twice yearly. ADVISORY COMMITTEE DUTIES: 1. Establish and annually review the Agency policies governing the scope of services offered, admission and discharge policies, medical supervision and plans of treatment, emergency care, clinical records, and personnel qualifications." 3. On 8/3/12 at 4:20 PM, the director of nurses indicated there had been no professional advisory meetings.			G 153			
G 154	484.16(a) ADVISORY AND EVALUATION FUNCTION The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. This STANDARD is not met as evidenced by: Based on document review and interview, the agency failed to ensure the group of professional			G 154			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012649		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/03/2012	
NAME OF PROVIDER OR SUPPLIER AMAZING GRACE MY CHOICE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 8727 COMMERCE PARK PL STE L INDIANAPOLIS, IN 46268			
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G 156	Continued From page 27			G 156			
G 157	<p>nursing care as required by the Condition of Participation 484.18: Acceptance of Patients, Plan of Care, and Medical Supervision.</p> <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, policy review, and interview, the agency failed to ensure the needs of the patients accepted for care could be adequately met in the patient's place of residence for 1 of 12 (#9) clinical records reviewed with the potential to affect all the patient's of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #9, with a certification period of 2/8/12-4/27/12, evidenced a FAX COVER SHEET dated 4/2/12 that states,"COMMENTS: He is not able to tidy, keep clean with his current diagnosis Dr. I am making a request that you allow him 5 hrs of personal care service to assist in meals and other ADL's." The note was signed by the administrator / director of nursing.</p> <p>A physician's order dated 4/3/12 states, "Patient needs personal care for activities of daily living and house maintenance." The clinical record failed to evidence the personal care was provided.</p>			G 157			

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G 157	Continued From page 28 2. The undated policy titled "2.26 PATIENT CARE GUIDELINES" states, "1. Patients / clients requiring other therapeutic services which are not provided by the Agency, or a greater intensity of services than we can provide based on the initial assessment by the registered nurse, will not be admitted." 3. On 7/31/12 at 5:00 PM, the director of nursing indicated she is not providing all services. The director of nursing stated, "I do everything. I am the nurse and the home health aide."			G 157			
G 158	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by: Based on clinical record review, observation, and policy review, the agency failed to ensure the medical care provided to the patient was ordered on the plan of care and care was provided only as ordered on the plan of care in 7 of 7 active records reviewed (#2-8) with the potential to affect all the patients of the agency. Findings include: 1. Clinical record #2, start of care 5/15/12, included plans of care established by the physician for certification periods 5/13/12 - 7/13/12 and 7/14/12 - 9/11/12. The skilled nurse notes evidenced that oxygen saturation (O2 sats) were performed by the registered nurse on 6/2/12, 6/14/12, 6/28/12, 7/3/12, 7/6/12, 7/11/12,			G 158			

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G 158	<p>Continued From page 29</p> <p>7/18/12, 7/17/12 and 7/24/12. The plans of care failed to evidence any physician orders for pulse oximetry/O2 sats.</p> <p>On 7/6/12, the skilled nurse note evidenced insulin was administered and insulin syringes were prefilled by the registered nurse. On 7/20/12, the skilled nurse note evidenced insulin syringes were prefilled by the registered nurse. The plan of care failed to evidence any orders for the insulin administration and prefill of the of insulin syringes.</p> <p>2. Clinical record #3, start of care 1/24/12, included plans of care established by the physician for certification periods 5/23/12 - 7/21/12 and 7/22/12 - 9/19/12. The skilled nurse notes evidenced that O2 sats were performed by the registered nurse on 5/21/12, 5/25/12, 5/28/12, 6/1/12, 6/4/12, 6/8/12, 6/11/12, 6/22/12, 6/26/12, 7/6/12, 7/10/12, 7/17/12, and 7/20/12. The plans of care and clinical record failed to evidence any physician orders for pulse oximetry/O2 sats.</p> <p>A. During the home visit on 8/1/12 at 11:20 AM, the director of nursing was observed to perform pulse oximetry on the patient.</p> <p>B. The skilled nurse note states, "Refilled med box for next 7 days" on 6/4/12, 6/11/12, 7/10/12, 7/13/12, and 7/17/12. The plan of care failed to evidence any orders to fill medication box.</p> <p>3. Clinical record #4, start of care 3/14/12, included plans of care established for the certification periods 5/13/12 - 7/21/12 and 7/22/12 - 9/19/12. The plans of care failed to evidence a</p>			G 158			

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G 158	<p>Continued From page 30 physician signature.</p> <p>A. On 8/2/2012 at 4:20 PM, the administrator / director of nursing indicated she had made multiple attempts to contact the physician and had not been able to get orders and the mother patient's mother was trying to find another physician to provide care for the patient.</p> <p>B. A "FAX COVER SHEET" signed by the administrator / director of nursing dated 7/9/12 states, "COMMENTS Dr. [the physician's name] I would like you to know at the moment this patient is not being billed by our Agency. We have no other MD to contact for her apart from you. We appreciate if you could sign this [sic] orders for [indicates patient's name] to get help from Amazing Grace MC." Document notations indicate the fax was sent on 4/12/12, 5/13/12, 7/13/12, and 7/14/12.</p> <p>The record evidenced the patient received services since the start of care on 3/14/12. There were no physician orders for any of this care.</p> <p>C. The skilled nurse note stated, "Refilled med box for next 7 days" on 6/5/12. The plan of care failed to evidence an order for this.</p> <p>4. Clinical record #5, start of care 3/14/15, included plans of care established for the certification periods 5/14/12 - 7/11/12 and 7/12/12 - 9/9/12. The plan of care for certification period 5/14/12 - 7/13/12 had orders for "HHA [home health aide] 8 hrs times 1 day [8 hours per day] times 5 days times 8 weeks [5 days a week for 8 weeks]. No home health aide services were provided the week of 6/4/12 and 6/11/12.</p>			G 158			

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G 158	<p>Continued From page 31</p> <p>A. A document dated 5/14/12 titled "MISSED VISIT REPORT" signed by the patient's mother and the physician has a check mark next to the line that states, "CHHA No HHA at this time family will take care."</p> <p>B. A document dated 6/19/12 titled "MISSED VISIT REPORT" signed by the administrator / director of nursing has a check mark next to the line Skilled Nursing visit. Next to the line "other" states, "CNA [certified nursing assistant] went to give a shower. COMMENT Skilled visit to be made on Thursday 22 nd." The clinical record failed to evidence the physician had ordered resumption of services.</p> <p>C. The clinical record evidenced home health aide services were provided 2 hours a day 3 times a week for the weeks of 6/18/12, 6/25/12, 7/2/12, 7/9/12, 7/16/12, and 7/23/12. The clinical record failed to evidence the physician had been informed of the change in the home health aide services provided.</p> <p>D. The skilled nurse note stated, "Refilled med box times 7 days" on 6/12/12, 6/22/12, 6/26/12, and 7/27/12. The plan of care failed to evidence any orders to fill medication box.</p> <p>The clinical record evidenced a "Medication Profile" updated 6/12/12, 6/22/12, 6/26/12, 7/3/12, 7/13/12, and 7/20/12 by the director of nursing with a notation that states, "Mother takes care of meds."</p> <p>5. Clinical record #6, start of care 3/15/12, included plans of care established by the</p>			G 158			

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G 158	<p>Continued From page 32</p> <p>physician for the certification periods 5/15/12 - 7/14/12 and 7/13/12 - 9/10/12. The skilled nurse notes evidenced that O2 sats were performed by the registered nurse on 6/4/12. The plans of care and clinical record failed to evidence any physician orders for pulse oximetry/O2 sats.</p> <p>A. The skilled nurse note stated, "Refilled med box for next 7 days" on 6/4/12, 6/12/12, 6/26/12, 7/13/12, and 7/27/12. The plans of care failed to evidence any orders to fill medication box.</p> <p>6. Clinical record #7, start of care 3/15/12, included plans of care established by the physician for the certification periods 5/14/12 - 7/12/12 and 7/13/12 - 9/10/12. The skilled nurse notes evidenced that O2 sats were performed by the registered nurse on 6/19/12, 6/26/12, 7/6/12, and 7/9/12. The plans of care failed to evidence any physician orders for O2 sats.</p> <p>7. Clinical record #8, start of care 9/9/11, included plans of care established by the physician for the certification periods 5/6/12 - 7/5/12 and 7/5/12 - 9/2/12. The skilled nurse notes evidenced that O2 sats were performed by the registered nurse on 6/5/12, 6/8/12, 6/22/12, 6/28/12, 7/10/12, 7/13/12, 7/17/12, 7/23/12, and 7/27/12. The plans of care failed to evidence any physician orders for O2 sats.</p> <p>A. The recertification / follow up assessment, with the date assessment completed as 7/2/12, documented under Durable Medical Equipment "Gloves: sterile ... Other Cleanse Port cath as necessary." The plans of care and clinical record failed to evidence any physician orders for the Port cath.</p>			G 158			

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G 158	Continued From page 33 B. During the home visit on 8/2/12 at 12:30 PM, the director of nursing performed pulse oximetry on the patient and the patient showed the director of nursing and the surveyor her Port located on her right upper chest. 8. The undated policy titled "2.57 CLINICAL RECORDS CONTENTS" states, "3. Physician's Orders ... b. Physician's orders are to cover the following: ... (4) Medications (5) Treatment 4. Change of Physician's Orders a. Changes in orders that occur before the orders are renewed are to be documented in the clinical record and a written request is to be sent to obtain the orders in writing. These orders are to be signed by the physician within 30 days. ... 6. Home Health Aide Care Plan a. Each patient receiving service from a Home Health Aide is to have a care plan developed by the coordinating nurse at the onset of service. It is to be updated as needed and at least every 60 days for patients receiving skilled services."			G 158			
G 159	484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional			G 159			

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G 159	<p>Continued From page 34</p> <p>limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, policy review, and interview, the agency failed to ensure the plan of care contained the medications and was signed by the physician for 9 of 12 (#1, 2, 3, 4, 8, 9, 10, 11, and 12) records reviewed with the potential to affect all the patients of the agency.</p> <p>Findings:</p> <p>1. Clinical record #1 included a plan of care for the certification period 1/11/12 - 3/10/12 that failed to evidence the patient had medications. The document states, "See attached med sheet" The clinical record failed to evidence the medication record was attached to the plan of care.</p> <p>2. Clinical record #2 included plans of care for the certification periods 5/15/12 -7/13/12 and 7/14/12 - 9/11/12 that failed to evidence the patient had medications. The plan of care for 5/15/12 - 7/13/12 states, "See pages attached." The plan of care for 7/14/12 - 9/11/12 states, "Please see attached med profile" The clinical record failed to evidence the medication records were included in the plan of care.</p> <p>3. Clinical record #3 included plans of care for the certification periods 5/23/12 - 7/21/12 and 7/22/12 - 9/19/12 that failed to evidence the</p>			G 159			

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G 159	<p>Continued From page 35</p> <p>patient had medications. The plan of care for 5/23/12 - 7/21/12 states, "As per MD order." The plan of care for 7/22/12 - 9/19/12 states, "Behind next page." The clinical record failed to evidence the medication record was included in the plan of care.</p> <p>4. Clinical record #4 included plans of care for the certification periods 5/13/12 - 7/11/12 and 7/12/12 - 9/9/12 that failed to evidence the patient had medications. The plan of care for 5/13/12 - 7/11/12 states, "NA." The plan of care for 7/12/12 - 9/9/12 is blank in area for medications. The plan of care failed to evidence if the patient had any medications.</p> <p>A. The skilled nurse notes dated 6/12/12 and 6/18/12, signed by the director of nursing, marked "no change." The line next to "Specify RX" states, "Melonex prn [when necessary]." The plan of care did not include this medication.</p> <p>B. The plans of care were not signed by the physician.</p> <p>C. On 8/2/2012 at 4:20 PM, the administrator / director of nursing indicated she had made multiple attempts to contact the physician and had not been able to get orders and the mother of the patient was trying to find another physician to provide care for the patient.</p> <p>5. Clinical record #8 included plans of care for the certification periods 5/6/12 - 7/5/12 and 7/5/12 - 9/2/12 that failed to evidence the patient had medications. The plan of care dated 5/6/12 - 7/6/12 states, "No med changes." The plan of care 7/5/12-9/2/12 states, "See attached</p>			G 159			

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G 159	<p>Continued From page 36</p> <p>medications." The clinical record failed to evidence the medication record was included in the plan of care.</p> <p>6. Clinical record #9 included a plan of care for the certification period 2/28/12 - 4/27/12 that failed to evidence the patient had medications. The plan of care states, "See medication profile." The clinical record failed to evidence the medication record was included in the plan of care.</p> <p>7. Clinical record #10 included a plan of care for the certification period 4/15/12 - 6/30/12 that failed to evidence the patient had medications. The plan of care states, "See attached medication profile." The clinical record failed to evidence the medication record was included in the plan of care.</p> <p>8. Clinical record #11 included a plan of care for the certification period 9/30/11-11/7/11 that failed to evidence the patient had medications. The plan of care states, "See medication profile." The clinical record failed to evidence the medication record was included in the plan of care.</p> <p>9. The undated policy titled "2.20 PHYSICIAN RESPONSIBILITIES" states, "12. The Agency will notify the physician either verbally and/or in writing or fax of the patient / client's condition including but not limited to the following: Medications are ineffective, condition indicates adverse reactions, significant side effects are present, drug allergy is suspected or contraindicated medications are being taken. Any confusion on medication regimen is reported to the physician for clarification. 13. Documentation</p>	G 159					

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G 159	Continued From page 37 of physician notification is maintained in the patient / client clinical record on either a communication form or a verbal / telephone order form."			G 159			
G 170	<p>10. On 7/31/12 at 4:30 PM, the administrator / director of nursing indicated there was no documentation to evidence the physician had received a copy of the medications for the patients.</p> <p>484.30 SKILLED NURSING SERVICES</p> <p>The HHA furnishes skilled nursing services in accordance with the plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, observation, and policy review, the agency failed to ensure the registered nurse provided medical care as ordered on the plan of care and care was provided only as ordered on the plan of care in 7 of 7 active records reviewed (#2-8) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care 5/15/12, included plans of care established by the physician for certification periods 5/13/12 - 7/13/12 and 7/14/12 - 9/11/12. The skilled nurse notes evidenced that oxygen saturation (O2 sats) were performed by the registered nurse on 6/2/12, 6/14/12, 6/28/12, 7/3/12, 7/6/12, 7/11/12, 7/18/12, 7/17/12 and 7/24/12. The plans of care failed to evidence any physician orders for pulse oximetry/O2 sats.</p>			G 170			

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G 170	<p>Continued From page 38</p> <p>On 7/6/12, the skilled nurse note evidenced insulin was administered and insulin syringes were prefilled by the registered nurse. On 7/2012, the skilled nurse note evidenced insulin syringes were prefilled by the registered nurse. The plan of care failed to evidence any orders for the insulin administration and prefill of the of insulin syringes.</p> <p>2. Clinical record #3, start of care 1/24/12, included plans of care established by the physician for certification periods 5/23/12 - 7/21/12 and 7/22/12 - 9/19/12. The skilled nurse notes evidenced that O2 sats were performed by the registered nurse on 5/21/12, 5/25/12, 5/28/12, 6/1/12, 6/4/12, 6/8/12, 6/11/12, 6/22/12, 6/26/12, 7/6/12, 7/10/12, 7/17/12, and 7/20/12. The plans of care and clinical record failed to evidence any physician orders for pulse oximetry/O2 sats.</p> <p>A. During the home visit on 8/1/12 at 11:20 AM, the director of nursing was observed to perform pulse oximetry on the patient.</p> <p>B. The skilled nurse note states, "Refilled med box for next 7 days" on 6/4/12, 6/11/12, 7/10/12, 7/13/12, and 7/17/12. The plan of care failed to evidence any orders to fill medication box.</p> <p>3. Clinical record #4, start of care 3/14/12, included plans of care established for the certification periods 5/13/12 - 7/21/12 and 7/22/12 - 9/19/12. The plans of care failed to evidence a physician signature.</p> <p>A. On 8/2/2012 at 4:20 PM, the administrator / director of nursing indicated she had made</p>			G 170			

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G 170	<p>Continued From page 39</p> <p>multiple attempts to contact the physician and had not been able to get orders and the mother patient's mother was trying to find another physician to provide care for the patient.</p> <p>B. A "FAX COVER SHEET" signed by the administrator / director of nursing dated 7/9/12 states, "COMMENTS Dr. [the physician's name] I would like you to know at the moment this patient is not being billed by our Agency. We have no other MD to contact for her apart from you. We appreciate if you could sign this [sic] orders for [indicates patient's name] to get help from Amazing Grace MC." Document notations indicate the fax was sent on 4/12/12, 5/13/12, 7/13/12, and 7/14/12.</p> <p>The record evidenced the patient received services since the start of care on 3/14/12. There were no physician orders for any of this care.</p> <p>C. The skilled nurse note stated, "Refilled med box for next 7 days" on 6/5/12. The plan of care failed to evidence an order for this.</p> <p>4. Clinical record #5, start of care 3/14/15, included plans of care established for the certification periods 5/14/12 - 7/11/12 and 7/12/12 - 9/9/12. The skilled nurse note stated, "Refilled med box times 7 days" on 6/12/12, 6/22/12, 6/26/12, and 7/27/12. The plan of care failed to evidence any orders to fill medication box.</p> <p>The clinical record evidenced a "Medication Profile" updated 6/12/12, 6/22/12, 6/26/12, 7/3/12, 7/13/12, and 7/20/12 by the director of nursing with a notation that states, "Mother takes care of meds."</p>			G 170			

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G 170	<p>Continued From page 40</p> <p>5. Clinical record #6, start of care 3/15/12, included plans of care established by the physician for the certification periods 5/15/12 - 7/14/12 and 7/13/12 - 9/10/12. The skilled nurse notes evidenced that O2 sats were performed by the registered nurse on 6/4/12. The plans of care and clinical record failed to evidence any physician orders for pulse oximetry/O2 sats.</p> <p>A. The skilled nurse note stated, "Refilled med box for next 7 days" on 6/4/12, 6/12/12, 6/26/12, 7/13/12, and 7/27/12. The plans of care failed to evidence any orders to fill medication box.</p> <p>6. Clinical record #7, start of care 3/15/12, included plans of care established by the physician for the certification periods 5/14/12 - 7/12/12 and 7/13/12 - 9/10/12. The skilled nurse notes evidenced that O2 sats were performed by the registered nurse on 6/19/12, 6/26/12, 7/6/12, and 7/9/12. The plans of care failed to evidence any physician orders for O2 sats.</p> <p>7. Clinical record #8, start of care 9/9/11, included plans of care established by the physician for the certification periods 5/6/12 - 7/5/12 and 7/5/12 - 9/2/12. The skilled nurse notes evidenced that O2 sats were performed by the registered nurse on 6/5/12, 6/8/12, 6/22/12, 6/28/12, 7/10/12, 7/13/12, 7/17/12, 7/23/12, and 7/27/12. The plans of care failed to evidence any physician orders for O2 sats.</p> <p>A. The recertification / follow up assessment, with the date assessment completed as 7/2/12, documented under Durable Medical Equipment "Gloves: sterile ... Other Cleanse Port cath as</p>			G 170			

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G 170	<p>Continued From page 41</p> <p>necessary." The plans of care and clinical record failed to evidence any physician orders for the Port cath.</p> <p>B. During the home visit on 8/2/12 at 12:30 PM, the director of nursing performed pulse oximetry on the patient and the patient showed the director of nursing and the surveyor her Port located on her right upper chest.</p> <p>8. The undated policy titled "2.57 CLINICAL RECORDS CONTENTS" states, "3. Physician's Orders ... b. Physician's orders are to cover the following: ... (4) Medications (5) Treatment 4. Change of Physician's Orders a. Changes in orders that occur before the orders are renewed are to be documented in the clinical record and a written request is to be sent to obtain the orders in writing. These orders are to be signed by the physician within 30 days. ... 6. Home Health Aide Care Plan a. Each patient receiving service from a Home Health Aide is to have a care plan developed by the coordinating nurse at the onset of service. It is to be updated as needed and at least every 60 days for patients receiving skilled services."</p> <p>9. The undated policy titled "2.13 ELIGIBILITY CRITERIA" states, "4. Patients / clients needing skilled services must be under the care of a physician. The physician's plan of treatment shall include orders for all services except household, chore, or sitter services unless such orders are required by the state."</p>			G 170			
G 171	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse makes the initial evaluation</p>			G 171			

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G 171	<p>Continued From page 42 visit.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse completed an initial assessment visit within 48 hours of referral of 1 of 12 patient records reviewed (#9) with the potential to affect all new patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #9, start of care date 2/28/12, was referred for home care on 2/24/12. The initial assessment visit was not completed until 2/28/12. The clinical record evidenced documentation by the administrator / director of nursing that states, " 02/24/12 11 AM, [the patient's name] was referred from [the name of the hospital] at 11 AM through the social worker. 02/25/12 3 PM, A call was made to [the name of the patient] to allow assessment and admission visit to be made. The person who answered said he does not live there. 3:30 PM The Social Worker [the name of the hospital] called and clarified it was the right home and made an appointment for the following day. 2/28/12 9 am. A visit was made for admission and assessment."</p> <p>2. The undated policy titled "2.5 GUIDELINES FOR ASSESSMENT INITIAL COMPREHENSIVE ASSESSMENT" states, "2. The initial assessment will be made within 48 hours and will include:"</p> <p>3. On 7/31/12 at 1:10 PM, during the entrance conference the administrator/director of nursing indicated she completes admission assessments</p>			G 171			

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G 171	Continued From page 43			G 171			
G 176	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review and policy review, the agency failed to ensure the registered nurse coordinated with other entities providing services for 2 of 2 (#2 and 9) patient records reviewed of patients receiving services from other entities with the potential to affect all patients receiving services from another entity.</p> <p>Findings include:</p> <p>1. The undated policy titled "2.30 COORDINATION OF SERVICES" states, "4. The staff professional nurse is responsible for the following: a. The professional coordination of all home care services ... d. Maintaining channels of communication between / among all active caregivers and documents same on patient / client record e. Scheduling and participation in case conferences."</p> <p>2. Clinical record #2, with a certification period of 5/15/12-7/13/12 and 7/14/12-9/11/12, evidenced a note dated 5/9/12 at 1300 that references a social worker. The document titled "Patient Communication Log" states, "I called her and she clarified only RN Evaluation and send the report to MD, and call the Social Worker with the</p>			G 176			

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G 176	<p>Continued From page 44</p> <p>findings." The note was signed by the director of nursing. The clinical record failed to evidence any communication or other information regarding the social worker, the name of the social worker, or that the agency coordinated the care with the social worker.</p> <p>3. Clinical record #9, with a certification period of 2/28/12-4/27/12, evidenced a note dated 4/18/12 that references a social worker. The note states, "Patient contacted and said the social worker is helping himc{sic} situated ..."</p> <p>A note dated 5/10/12 at 12:15 states, "Social worker social worker Wishard - may (illegible word) medicine stolen (illegible word) Report to the Adult Protective Services (APS). He may be a drug person and maybe selling drugs (327-1403 Adult)" A discharge summary dated 6/28/12 states, "Unmet Goals: Patient not situated at home and has no home where we can visit from 04/28/12. Said when he gets a home will call. Social worker informed and patient released." The clinical record failed to evidence the name of the social worker and the outcome of the communication with APS.</p>			G 176			
G 202	<p>484.36 HOME HEALTH AIDE SERVICES</p> <p>This CONDITION is not met as evidenced by: Based on personnel file review, policy review, and interview, it was determined the agency failed to ensure the home health aide had completed a competency evaluation program for 1 of 2 home health files reviewed with the potential to affect all the patients receiving home health aide services. (See G 211 and G 212), failed to ensure the</p>			G 202			

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G 202	Continued From page 45 home health aide competency evaluation program addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section for 1 of 2 home health aides reviewed with the potential to affect all the patients receiving home health aide services (See G 213), the agency failed to ensure the home health aide had completed a competency evaluation on a patient or pseudo patient in the subject areas at paragraphs (a)(1) (iii) (ix), (x), and (xi) of this section for 1 of 2 home health aide files reviewed (See G 218), and failed to ensure documentation evidenced the home health aide had completed a competency evaluation program prior to providing services for 1 of 2 home health aides with the potential to affect all the patients of the agency(See G 221).			G 202			
G 211	<p>The cumulative effect of these systemic problems resulted in the agency's inability to ensure safe home health aide care was provided as required by the Condition of Participation 484.36: Home Health Aide services.</p> <p>484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>An individual may furnish home health aide services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this paragraph.</p> <p>This STANDARD is not met as evidenced by: Based on personnel file review, policy review, and interview, the agency failed to ensure the home health aide had completed a competency</p>			G 211			

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G 211	<p>Continued From page 46</p> <p>evaluation program for 1 of 2 home health files reviewed with the potential to affect all the patients receiving home health aide services. (D)</p> <p>Findings include:</p> <p>1. Personnel file D, date of hire 2.24/12, failed to evidence the aide had completed a competency evaluation program. The file failed to evidence a first patient contact.</p> <p>2. On 8/3/12 at 2:15 PM, the administrator / director of nursing indicated there was no competency evaluation for employee D.</p> <p>3. The undated policy titled "PERSONNEL RECORDS" states, "2. Verifications of qualifications for the duties ... and certificate of training for all client care workers."</p> <p>4. The undated policy titled "4.49 HOME HEALTH AIDE TESTING AND COMPETENCY" states, "1. Each Home Health and Personal Care Worker (together, "Aides") shall demonstrate competence for their position as demonstrated by one or more of the following: a. Completion of an approved 75 hour training program b. On-site observation of competency 2. The Agency shall be responsible for implementing training and testing procedures for Aides and must provide the preparation necessary for aides to successfully pass a competency evaluation or use only Aides who meet the personnel qualifications for "Home Health Aides" as specified in section 484.4 of the Federal regulations."</p>			G 211			
G 212	484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAI			G 212			

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G 212	<p>Continued From page 47</p> <p>The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section.</p> <p>This STANDARD is not met as evidenced by: Based on personnel file review, policy review, and interview, the agency failed to ensure the home health aide had completed a competency evaluation program for 1 of 2 home health files reviewed with the potential to affect all the patients receiving home health aide services. (D)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file D, date of hire 2.24/12, failed to evidence the aide had completed a competency evaluation program. The file failed to evidence a first patient contact. 2. On 8/3/12 at 2:15 PM, the administrator / director of nursing indicated there was no competency evaluation for employee D. 3. The undated policy titled "PERSONNEL RECORDS" states, "2. Verifications of qualifications for the duties ... and certificate of training for all client care workers." 4. The undated policy titled "4.49 HOME HEALTH AIDE TESTING AND COMPETENCY" states, "1. Each Home Health and Personal Care Worker (together, "Aides") shall demonstrate competence for their position as demonstrated by one or more of the following: a. Completion of an approved 75 hour training program b. On-site observation of competency 2. The Agency shall be responsible 			G 212			

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G 212	Continued From page 48 for implementing training and testing procedures for Aides and must provide the preparation necessary for aides to successfully pass a competency evaluation or use only Aides who meet the personnel qualifications for "Home Health Aides" as specified in section 484.4 of the Federal regulations."			G 212			
G 213	<p>484.36(b)(2)(i) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>The competency evaluation must address each of the subjects listed in paragraphs (a)(1)(ii) through (xiii) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on personnel file review, policy review and interview the agency failed to ensure the home health aide competency evaluation program addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section for 1 of 2 home health aides reviewed (D) with the potential to affect all the patients receiving home health aide services.</p> <p>Findings include:</p> <p>1. Personnel file D, date of hire 2.24/12, failed to evidence the aide had completed a competency evaluation program. The file failed to evidence a first patient contact.</p> <p>2. On 8/3/12 at 2:15 PM, the administrator / director of nursing indicated there was no competency evaluation for employee D.</p> <p>3. The undated policy titled "PERSONNEL</p>			G 213			

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G 213	Continued From page 49 RECORDS" states, "2. Verifications of qualifications for the duties ... and certificate of training for all client care workers." 4. The undated policy titled "4.49 HOME HEALTH AIDE TESTING AND COMPETENCY" states, "1. Each Home Health and Personal Care Worker (together, "Aides") shall demonstrate competence for their position as demonstrated by one or more of the following: a. Completion of an approved 75 hour training program b. On-site observation of competency 2. The Agency shall be responsible for implementing training and testing procedures for Aides and must provide the preparation necessary for aides to successfully pass a competency evaluation or use only Aides who meet the personnel qualifications for "Home Health Aides" as specified in section 484.4 of the Federal regulations."			G 213			
G 218	484.36(b)(3)(iii) COMPETENCY EVALUATION & IN-SERVICE TRA The subject areas listed at paragraphs (a)(1)(iii), (ix), (x), and (xi) of this section must be evaluated after observation of the aides performance of the tasks with a patient. The other subject areas in paragraph (a)(1) of this section may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient. This STANDARD is not met as evidenced by: Based on personnel file review and interview, the agency failed to ensure the home health aide had completed a competency evaluation on a patient or pseudo patient in the subject areas listed at			G 218			

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G 218	Continued From page 50 paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section for 1 (File D) of 2 home health aide files reviewed. Findings include: 1. Personnel file D, date of hire 2.24/12, failed to evidence the aide had completed a competency evaluation program. The file failed to evidence a first patient contact. 2. On 8/3/12 at 2:15 PM, the administrator / director of nursing indicated there was no competency evaluation for employee D. 3. The undated policy titled "PERSONNEL RECORDS" states, "2. Verifications of qualifications for the duties ... and certificate of training for all client care workers." 4. The undated policy titled "4.49 HOME HEALTH AIDE TESTING AND COMPETENCY" states, "1. Each Home Health and Personal Care Worker (together, "Aides") shall demonstrate competence for their position as demonstrated by one or more of the following: a. Completion of an approved 75 hour training program b. On-site observation of competency 2. The Agency shall be responsible for implementing training and testing procedures for Aides and must provide the preparation necessary for aides to successfully pass a competency evaluation or use only Aides who meet the personnel qualifications for "Home Health Aides" as specified in section 484.4 of the Federal regulations."			G 218			
G 221	484.36(b)(5) COMPETENCY EVALUATION & IN-SERVICE TRAI			G 221			

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G 221	<p>Continued From page 51</p> <p>The HHA must maintain documentation which demonstrates that the requirements of this standard are met.</p> <p>This STANDARD is not met as evidenced by: Based on personnel record review, policy review and interview the agency failed to ensure documentation evidenced the home health aide had completed a competency evaluation program prior to providing services for 1 of 2 home health aides (D) with the potential to affect all the patients of the agency.</p> <p>Findings include: Based on personnel file review, policy review, and interview, the agency failed to ensure the home health aide had completed a competency evaluation program for 1 of 2 home health files reviewed with the potential to affect all the patients receiving home health aide services. (D)</p> <p>Findings include:</p> <p>1. Personnel file D, date of hire 2.24/12, failed to evidence the aide had completed a competency evaluation program. The file failed to evidence a first patient contact.</p> <p>2. On 8/3/12 at 2:15 PM, the administrator / director of nursing indicated there was no competency evaluation for employee D.</p> <p>3. The undated policy titled "PERSONNEL RECORDS" states, "2. Verifications of qualifications for the duties ... and certificate of training for all client care workers."</p>			G 221			

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G 221	Continued From page 52 4. The undated policy titled "4.49 HOME HEALTH AIDE TESTING AND COMPETENCY" states, "1. Each Home Health and Personal Care Worker (together, "Aides") shall demonstrate competence for their position as demonstrated by one or more of the following: a. Completion of an approved 75 hour training program b. On-site observation of competency 2. The Agency shall be responsible for implementing training and testing procedures for Aides and must provide the preparation necessary for aides to successfully pass a competency evaluation or use only Aides who meet the personnel qualifications for "Home Health Aides" as specified in section 484.4 of the Federal regulations."			G 221			
G 235	484.48 CLINICAL RECORDS This CONDITION is not met as evidenced by: Based on clinical record review, document review, policy review, and interview, it was determined the agency failed to ensure dates and names were accurate, documents were legible, and errors were identified by initials in 7 of 12 clinical records reviewed with the potential to affect all the agency's patients (See G 236); failed to ensure there was a policy to provide for the retention of clinical records for a period of time required by IC 16-39-7 (7 years) in 1 of 1 agency with the potential to affect all the agency's patients(See G 237), and failed to ensure clinical records were secured from potential theft for 1 of 1 agency with the potential to affect all the agency's patients (See G 239). The cumulative effect of these systemic problems resulted in the agency's inability to meet the			G 235			

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G 235	Continued From page 53 requirements of the Condition of Participation 484.48 Clinical Records.			G 235			
G 236	484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary. This STANDARD is not met as evidenced by: Based on clinical record review, policy review, and interview, the agency failed to ensure dates and names were accurate and documents were legible and errors were identified by initials in 7 of 12 clinical records reviewed (#1, 2, 3, 5, 7, 8, and 10) with the potential to affect all the patients of the agency. Findings include: 1. Clinical record #1, start of care 1/11/12, evidenced a plan of care with a certification period 1/11/12-3/10/12 with the physician's name and address that was not the same name as the physician who signed the plan of care. 2. Clinical record #2, start of care 5/15/12, evidenced 2 referral /admission documents. The first document states, "Today's date 5/10/12." The document is signed by the registered nurse			G 236			

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G 236	<p>Continued From page 54</p> <p>and dated 5/9/11. The 2nd referral / admission document states, "Today's date 5/10/12" and is signed by the registered nurse and dated 5/16/12.</p> <p>3. Clinical record #3, start of care 1/24/12, evidenced 2 plans of care for the certification period 7/22/12-9/19/12. The physician's signature on 1 plan of care is printed with the physician's name. The first name is crossed through and first name printed a 2nd time. The 2nd plan of care, for the same date, has a physician's signature. The 2 signatures / names do not match.</p> <p>The medication administration record indicates Lasix 10 mg was started on 7/10/12. The Lasix is crossed through with the word error (illegible word / initial) and states, "Start 20 mgs [milligrams]."</p> <p>4. Clinical record #5, start of care 3/14/12, evidenced a referral / admission document that states, "Today's date 03/ (illegible number) 2012. On the "Receiving Referral" the date 3/14/12 is crossed out with the word error and initials and Date 03/ (illegible date) 2012.</p> <p>5. Clinical record #7, start of care 3/15/12, evidenced an aide care plan with "1 x [time a day] 3 day [for 3 days]" crossed through and "one x every other day x 1 wk [for one week] x 8 wks [for 8 weeks], no meds, X 4 (crossed out) 1 x every all day x 1 wk x 8 wks." The changes were not initialed.</p> <p>6. Clinical record # 8, start of care 9/9/11, had a physician signed plan of care that has a start of care date 5/8/12 and a certification period of</p>			G 236			

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G 236	Continued From page 55 5/1/12-7/6/12 crossed out with no initials. The dates 7/5/12-9/2/12 added. 8. Clinical record #10, start of care 4/15/12, evidenced 2 plans of care for the certification period 4/15/2012 to 6/30/12. The physician's signature dated 4/18/12 on 1 of the plans of care and the date 6/30/12 with 30 crossed out and an illegible number added with no initial. 9. On 7/31/12 at 1:10 PM, during the entrance conference the administrator / director of nursing indicated the clinical records were corrected by drawing a line through the error and initialing. 10. The undated and unknown policy title, page 86, states, " (8) Documentation Errors: (a) In the event a documentation error occurs, the staff member involved is required to draw one line across the documentation involved being sure that the incorrect documentation can still be read. The word error should be written above the line drawn. The correct documentation should follow, (9) Late Entries: (a) When an entry is made out of sequence, a bracketed (*) is place in the margin at the front of the line in which it should appear, along with the location in the record where the late entry may be found (b) the late entry is prefixed by the term LATE ENTRY in uppercase letters as well as the page,date, and line of the patient/client record where the entry should appear. (c) The notation in the patient/client record is signed by the person making it along with the date and time of the entry."			G 236			
G 237	484.48(a) RETENTION OF RECORDS Clinical records are retained for 5 years after the month the cost report to which the records apply			G 237			

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G 237	<p>Continued From page 56</p> <p>is filed with the intermediary, unless State law stipulates a longer period of time. Policies provide for retention even if the HHA discontinues operations.</p> <p>This STANDARD is not met as evidenced by: Based on policy review, the agency failed to ensure there was a policy to provide for the retention of clinical records for a period of time required by IC 16-39-7 (7 years) in 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>The undated policy titled "1.39 RECORD POLICIES / CONFIDENTIALITY / RELEASE OF INFORMATION" states, "Clinical records shall be maintained for six years after the cost report is completed, in the case of minors for seven years after the age of majority and for two years after litigation is completed."</p>			G 237			
G 239	<p>484.48(b) PROTECTION OF RECORDS</p> <p>Clinical record information is safeguarded against loss or unauthorized use.</p> <p>This STANDARD is not met as evidenced by: Based on document and policy review and interview, the agency failed to ensure clinical records were secured from potential theft for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings include:</p>			G 239			

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G 239	Continued From page 57 1. Agency documents dated 3/13/12 evidenced the administrator was storing clinical records in the trunk of her car when it was broken into and clinical records were stolen. 2. On 7/31/12 at 2:10 PM, the administrator indicated she had previously had clinical records stolen from the trunk of her car. 3. The undated policy titled "Confidentiality / Agency Use of Records / Authority to Make Entries" states, "All clinical records and the contents thereof are confidential and will be protected from loss and unauthorized use. Patient / client clinical records will be maintained in a secure manner as to maintain the integrity of the client/patient data through routine backups on or off site."			G 239			
G 242	484.52 EVALUATION OF THE AGENCY'S PROGRAM This CONDITION is not met as evidenced by: Based on policy and administrative document review and interview, it was determined the agency failed to ensure a plan was in place for the ongoing evaluation of the agency's program for 1 of 1 agency (See G 244), failed to ensure there was a plan for an evaluation that assesses the extent to which the agency's program is appropriate, adequate, effective and efficient for 1 of 1 agency (See 245), failed to ensure there was a plan for the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate,			G 242			

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G 242	Continued From page 58 effective and efficient for 1 of 1 agency (See G 248), failed to ensure mechanisms were established in writing for the collection of pertinent data to assist in evaluation for 1 of 1 agency with the potential to affect all patients served by the agency (See G 249), failed to ensure there was a plan that appropriate health professionals representing the scope of the program reviewed, at least quarterly, a sample of active and closed clinical records to determine whether established policies are followed in furnishing services for 1 of 1 agency (See G 250), and failed to ensure there was a plan for a continuing review of clinical records of each 60 day period that the patient receives services to determine adequacy of the plan of care and appropriateness of the continuation of care for 1 of 1 agency (G 251).			G 242			
G 244	<p>The cumulative effect of this systemic problem has resulted in the agency being out of compliance with the Condition of Participation 484.52: Evaluation of the Agency's Program resulting in the potential to affect all the patients of the agency.</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM</p> <p>The evaluation consists of an overall policy and administrative review and a clinical record review.</p> <p>This STANDARD is not met as evidenced by: Based on policy and administrative document review and interview, the agency failed to ensure a plan was in place for the ongoing evaluation of the agency's program for 1 of 1 agency with the potential to effect all patients served by the</p>			G 244			

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G 244	<p>Continued From page 59 agency.</p> <p>The findings include:</p> <p>1. Review of the agency's policies failed to evidence a plan for the overall policy and administrative review and a clinical record review.</p> <p>A. On 7/31/12 at 1:15 PM, during the entrance conference the administrator / director of nursing indicated she has no data for quality assurance, only has problems on notes, and discusses patient problems with the alternate director of nursing casually.</p> <p>B. On 7/31/2012 at 3:20 PM, the surveyor requested a copy of the quality insurance performance improvement program (QAPI) policy and information regarding patient problems that have been discussed.</p> <p>C. On 8/3/12 at 11:45 AM, the surveyor requested the QAPI program from the administrator / director of nursing (DON). The DON indicated she did not know about the QAPI program.</p> <p>2. On 8/3/12 at 12:00 PM, the surveyor received several documents from the administrator / director of nursing. The documents failed to evidence a plan for the overall policy and administrative review.</p> <p>A. A document that states, "TYPE OF DATA: 4-12-12,DATE, NUMBER / NAME, ADM, MEET INDICATOR, COMMENTS" is a grid with patient's names. (Referenced in other documents in attachment)</p>			G 244			

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G 244	<p>Continued From page 60</p> <p>B. An undated document with a handwritten title of Amazing Grace My Choice (illegible word) states, " IV Strengths 1. Increased knowledge of the home care industry. 2. Knowledge of community resources 3. Good referral base 4. Committed staff V. Weaknesses 1. Difficulty engaging additional competent, dedicated staff 2. Understanding and implementing new regulations 3. Making a profit in the face of decreased payments 4. Improving financial resources and billing procedures VI. OPPORTUNITIES 1. Expansion into other areas of home care such as pediatrics and psychiatric 2. Expansion into other areas of the state VII. THREATS 1. Industry over regulation 2 Increased competition 3. Decreased payment sources "</p> <p>C. A blank undated document titled "CLIENT SATISFACTION SURVEY"</p> <p>D. A document with a handwritten title of Amazing Grace MC (illegible word) HHA states, "Meetings held with the D.O.N. and [the name of the administrator /[director of nursing] and A.D.O.N. [the name of the alternate administrator / director of nursing] with meeting dates 5/1/2011, 5/30/2011, 6/4/11, and 6/18/11.</p> <p>E. A document dated 8/15/11 with the handwritten title of "Amazing Grace My Choice (illegible word) HHA." The document evidenced a meeting with members of the governing body.</p> <p>3. The undated policy titled "1.10 GOVERNANCE" states, "12. Evaluate organizational performance through the Organizational Annual Evaluation. ... 15. Allocate</p>			G 244			

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G 244	Continued From page 61 resources for the implementation of an Agency wide Quality Assessment and Performance Program, receive reports and approve the Agency quality assurance activities."			G 244			
G 245	<p>4. The undated policy titled "1.18 AGENCY SUPERVISION" states, "The Administrator may act as the Director of Nursing if he/she is a registered nurse, or may appoint another individual who has authority and responsibility for the execution of the following major functions: ... d. Evaluate the effectiveness of the Agency's program and services."</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM</p> <p>The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient.</p> <p>This STANDARD is not met as evidenced by: Based on policy and administrative document review and interview, the agency failed to ensure there was a plan for an evaluation that assesses the extent to which the agency's program is appropriate, adequate, effective and efficient for 1 of 1 agency with the potential to affect all patients served by the agency.</p> <p>Findings include:</p> <p>1. Review of the agency's policies failed to evidence a plan for tank evaluation that assesses the extent to which the agency's program is appropriate, adequate, effective, and efficient.</p>			G 245			

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NAME OF PROVIDER OR SUPPLIER AMAZING GRACE MY CHOICE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 8727 COMMERCE PARK PL STE L INDIANAPOLIS, IN 46268			
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G 245	<p>Continued From page 62</p> <p>A. On 7/31/12 at 1:15 PM, during the entrance conference the administrator / director of nursing indicated she has no data for quality assurance, only has problems on notes, and discusses patient problems with the alternate director of nursing casually.</p> <p>B. On 7/31/2012 at 3:20 PM, the surveyor requested a copy of the quality insurance performance improvement program (QAPI) policy and information regarding patient problems that have been discussed.</p> <p>C. On 8/3/12 at 11:45 AM, the surveyor requested the QAPI program from the administrator / director of nursing (DON). The DON indicated she did not know about the QAPI program.</p> <p>2. On 8/3/12 at 12:00 PM, the surveyor received several documents from the administrator / director of nursing. The documents failed to evidence a plan for the overall policy and administrative review.</p> <p>A. A document that states, "TYPE OF DATA: 4-12-12,DATE, NUMBER / NAME, ADM, MEET INDICATOR, COMMENTS" is a grid with patient's names. (Referenced in other documents in attachment)</p> <p>B. An undated document with a handwritten title of Amazing Grace My Choice (illegible word) states, " IV Strengths 1. Increased knowledge of the home care industry. 2. Knowledge of community resources 3. Good referral base 4. Committed staff V. Weaknesses 1. Difficulty engaging additional competent, dedicated staff 2.</p>			G 245			

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G 245	<p>Continued From page 63</p> <p>Understanding and implementing new regulations</p> <p>3. Making a profit in the face of decreased payments</p> <p>4. Improving financial resources and billing procedures</p> <p>VI. OPPORTUNITIES</p> <p>1. Expansion into other areas of home care such as pediatrics and psychiatric</p> <p>2. Expansion into other areas of the state</p> <p>VII. THREATS</p> <p>1. Industry over regulation</p> <p>2 Increased competition</p> <p>3. Decreased payment sources "</p> <p>C. A blank undated document titled "CLIENT SATISFACTION SURVEY"</p> <p>D. A document with a handwritten title of Amazing Grace MC (illegible word) HHA states, "Meetings held with the D.O.N. and [the name of the administrator /director of nursing] and A.D.O.N. [the name of the alternate administrator / director of nursing] with meeting dates 5/1/2011, 5/30/2011, 6/4/11, and 6/18/11.</p> <p>E. A document dated 8/15/11 with the handwritten title of "Amazing Grace My Choice (illegible word) HHA." The document evidenced a meeting with members of the governing body.</p> <p>3. The undated policy titled "1.10 GOVERNANCE" states, "12. Evaluate organizational performance through the Organizational Annual Evaluation. ... 15. Allocate resources for the implementation of an Agency wide Quality Assessment and Performance Program, receive reports and approve the Agency quality assurance activities."</p> <p>4. The undated policy titled "1.18 AGENCY SUPERVISION" states, "The Administrator may act as the Director of Nursing if he/she is a</p>			G 245			

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G 245	Continued From page 64 registered nurse, or may appoint another individual who has authority and responsibility for the execution of the following major functions: ... d. Evaluate the effectiveness of the Agency's program and services."			G 245			
G 248	<p>484.52(a) POLICY AND ADMINISTRATIVE REVIEW</p> <p>As part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient.</p> <p>This STANDARD is not met as evidenced by: Based on policy and administrative document review and interview, the agency failed to ensure there was a plan for the policies and administrative practices of the agency to be reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient for 1 of 1 agency with the potential to affect all patients served by the agency.</p> <p>Findings include:</p> <p>1. Review of the agency's policies failed to evidence a plan for review of the the policies and administrative practices of the agency to determine the extent to which they promote patient care that is appropriate, adequate, effective, and efficient.</p> <p>A. On 7/31/12 at 1:15 PM, during the entrance conference the administrator / director of nursing</p>			G 248			

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G 248	<p>Continued From page 65</p> <p>indicated she has no data for quality assurance, only has problems on notes, and discusses patient problems with the alternate director of nursing casually.</p> <p>B. On 7/31/2012 at 3:20 PM, the surveyor requested a copy of the quality insurance performance improvement program (QAPI) policy and information regarding patient problems that have been discussed.</p> <p>C. On 8/3/12 at 11:45 AM, the surveyor requested the QAPI program from the administrator / director of nursing (DON). The DON indicated she did not know about the QAPI program.</p> <p>2. On 8/3/12 at 12:00 PM, the surveyor received several documents from the administrator / director of nursing. The documents failed to evidence a plan for the overall policy and administrative review.</p> <p>A. A document that states, "TYPE OF DATA: 4-12-12,DATE, NUMBER / NAME, ADM, MEET INDICATOR, COMMENTS" is a grid with patient's names. (Referenced in other documents in attachment)</p> <p>B. An undated document with a handwritten title of Amazing Grace My Choice (illegible word) states, " IV Strengths 1. Increased knowledge of the home care industry. 2. Knowledge of community resources 3. Good referral base 4. Committed staff V. Weaknesses 1. Difficulty engaging additional competent, dedicated staff 2. Understanding and implementing new regulations 3. Making a profit in the face of decreased</p>			G 248			

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G 248	<p>Continued From page 66</p> <p>payments 4. Improving financial resources and billing procedures VI. OPPORTUNITIES 1. Expansion into other areas of home care such as pediatrics and psychiatric 2. Expansion into other areas of the state VII. THREATS 1. Industry over regulation 2 Increased competition 3. Decreased payment sources "</p> <p>C. A blank undated document titled "CLIENT SATISFACTION SURVEY"</p> <p>D. A document with a handwritten title of Amazing Grace MC (illegible word) HHA states, "Meetings held with the D.O.N. and [the name of the administrator /director of nursing] and A.D.O.N. [the name of the alternate administrator / director of nursing] with meeting dates 5/1/2011, 5/30/2011, 6/4/11, and 6/18/11.</p> <p>E. A document dated 8/15/11 with the handwritten title of "Amazing Grace My Choice (illegible word) HHA." The document evidenced a meeting with members of the governing body.</p> <p>3. The undated policy titled "1.10 GOVERNANCE" states, "12. Evaluate organizational performance through the Organizational Annual Evaluation. ... 15. Allocate resources for the implementation of an Agency wide Quality Assessment and Performance Program, receive reports and approve the Agency quality assurance activities."</p> <p>4. The undated policy titled "1.18 AGENCY SUPERVISION" states, "The Administrator may act as the Director of Nursing if he/she is a registered nurse, or may appoint another individual who has authority and responsibility for</p>			G 248			

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G 248	Continued From page 67 the execution of the following major functions: ... d. Evaluate the effectiveness of the Agency's program and services."			G 248			
G 249	<p>484.52(a) POLICY AND ADMINISTRATIVE REVIEW</p> <p>Mechanisms are established in writing for the collection of pertinent data to assist in evaluation.</p> <p>This STANDARD is not met as evidenced by: Based on policy and administrative document review and interview, the agency failed to ensure mechanisms were established in writing for the collection of pertinent data to assist in evaluation for 1 of 1 agency with the potential to affect all patients served by the agency.</p> <p>Findings include:</p> <p>1. Review of the agency's policies failed to evidence mechanisms were established in writing for the collection of pertinent data to assist in evaluation.</p> <p>A. On 7/31/12 at 1:15 PM, during the entrance conference the administrator / director of nursing indicated she has no data for quality assurance, only has problems on notes, and discusses patient problems with the alternate director of nursing casually.</p> <p>B. On 7/31/2012 at 3:20 PM, the surveyor requested a copy of the quality insurance performance improvement program (QAPI) policy and information regarding patient problems that have been discussed.</p>			G 249			

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G 249	<p>Continued From page 68</p> <p>C. On 8/3/12 at 11:45 AM, the surveyor requested the QAPI program from the administrator / director of nursing (DON). The DON indicated she did not know about the QAPI program.</p> <p>2. On 8/3/12 at 12:00 PM, the surveyor received several documents from the administrator / director of nursing. The documents failed to evidence a plan for the overall policy and administrative review.</p> <p>A. A document that states, "TYPE OF DATA: 4-12-12,DATE, NUMBER / NAME, ADM, MEET INDICATOR, COMMENTS" is a grid with patient's names. (Referenced in other documents in attachment)</p> <p>B. An undated document with a handwritten title of Amazing Grace My Choice (illegible word) states, " IV Strengths 1. Increased knowledge of the home care industry. 2. Knowledge of community resources 3. Good referral base 4. Committed staff V. Weaknesses 1. Difficulty engaging additional competent, dedicated staff 2. Understanding and implementing new regulations 3. Making a profit in the face of decreased payments 4. Improving financial resources and billing procedures VI. OPPORTUNITIES 1. Expansion into other areas of home care such as pediatrics and psychiatric 2. Expansion into other areas of the state VII. THREATS 1. Industry over regulation 2 Increased competition 3. Decreased payment sources "</p> <p>C. A blank undated document titled "CLIENT SATISFACTION SURVEY"</p>			G 249			

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G 249	<p>Continued From page 69</p> <p>D. A document with a handwritten title of Amazing Grace MC (illegible word) HHA states, "Meetings held with the D.O.N. and [the name of the administrator / [director of nursing] and A.D.O.N. [the name of the alternate administrator / director of nursing] with meeting dates 5/1/2011, 5/30/2011, 6/4/11, and 6/18/11.</p> <p>E. A document dated 8/15/11 with the handwritten title of "Amazing Grace My Choice (illegible word) HHA." The document evidenced a meeting with members of the governing body.</p> <p>3. The undated policy titled "1.10 GOVERNANCE" states, "12. Evaluate organizational performance through the Organizational Annual Evaluation. ... 15. Allocate resources for the implementation of an Agency wide Quality Assessment and Performance Program, receive reports and approve the Agency quality assurance activities."</p> <p>4. The undated policy titled "1.18 AGENCY SUPERVISION" states, "The Administrator may act as the Director of Nursing if he/she is a registered nurse, or may appoint another individual who has authority and responsibility for the execution of the following major functions: ... d. Evaluate the effectiveness of the Agency's program and services."</p>			G 249			
G 250	<p>484.52(b) CLINICAL RECORD REVIEW</p> <p>At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement.</p>			G 250			

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G 250	<p>Continued From page 70</p> <p>This STANDARD is not met as evidenced by: Based on policy and administrative document review and interview, the agency failed to ensure there was a plan that appropriate health professionals representing the scope of the program reviewed, at least quarterly, a sample of active and closed clinical records to determine whether established policies are followed in furnishing services for 1 of 1 agency with the potential to affect all patients served by the agency.</p> <p>Findings include:</p> <p>1. Review of the agency's policies failed to evidence a plan that appropriate health professionals representing the scope of the program reviewed, at least quarterly, a sample of active and closed clinical records to determine whether established policies are followed in furnishing services.</p> <p>A. On 7/31/12 at 1:15 PM, during the entrance conference the administrator / director of nursing indicated she has no data for quality assurance, only has problems on notes, and discusses patient problems with the alternate director of nursing casually.</p> <p>B. On 7/31/2012 at 3:20 PM, the surveyor requested a copy of the quality insurance performance improvement program (QAPI) policy and information regarding patient problems that have been discussed.</p> <p>C. On 8/3/12 at 11:45 AM, the surveyor</p>			G 250			

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G 250	<p>Continued From page 71</p> <p>requested the QAPI program from the administrator / director of nursing (DON). The DON indicated she did not know about the QAPI program.</p> <p>2. On 8/3/12 at 12:00 PM, the surveyor received several documents from the administrator / director of nursing. The documents failed to evidence a plan for the overall policy and administrative review.</p> <p>A. A document that states, "TYPE OF DATA: 4-12-12,DATE, NUMBER / NAME, ADM, MEET INDICATOR, COMMENTS" is a grid with patient's names. (Referenced in other documents in attachment)</p> <p>B. An undated document with a handwritten title of Amazing Grace My Choice (illegible word) states, " IV Strengths 1. Increased knowledge of the home care industry. 2. Knowledge of community resources 3. Good referral base 4. Committed staff V. Weaknesses 1. Difficulty engaging additional competent, dedicated staff 2. Understanding and implementing new regulations 3. Making a profit in the face of decreased payments 4. Improving financial resources and billing procedures VI. OPPORTUNITIES 1. Expansion into other areas of home care such as pediatrics and psychiatric 2. Expansion into other areas of the state VII. THREATS 1. Industry over regulation 2 Increased competition 3. Decreased payment sources "</p> <p>C. A blank undated document titled "CLIENT SATISFACTION SURVEY"</p> <p>D. A document with a handwritten title of</p>			G 250			

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G 250	<p>Continued From page 72</p> <p>Amazing Grace MC (illegible word) HHA states, "Meetings held with the D.O.N. and [the name of the administrator / [director of nursing] and A.D.O.N. [the name of the alternate administrator / director of nursing] with meeting dates 5/1/2011, 5/30/2011, 6/4/11, and 6/18/11.</p> <p>E. A document dated 8/15/11 with the handwritten title of "Amazing Grace My Choice (illegible word) HHA." The document evidenced a meeting with members of the governing body.</p> <p>3. The undated policy titled "1.10 GOVERNANCE" states, "12. Evaluate organizational performance through the Organizational Annual Evaluation. ... 15. Allocate resources for the implementation of an Agency wide Quality Assessment and Performance Program, receive reports and approve the Agency quality assurance activities."</p> <p>4. The undated policy titled "1.18 AGENCY SUPERVISION" states, "The Administrator may act as the Director of Nursing if he/she is a registered nurse, or may appoint another individual who has authority and responsibility for the execution of the following major functions: ... d. Evaluate the effectiveness of the Agency's program and services."</p>			G 250			
G 251	<p>484.52(b) CLINICAL RECORD REVIEW</p> <p>There is a continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continuation of care.</p>			G 251			

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G 251	<p>Continued From page 73</p> <p>This STANDARD is not met as evidenced by: Based on policy and administrative document review and interview, the agency failed to ensure there was a plan for a continuing review of clinical records of each 60 day period that the patient receives services to determine adequacy of the plan of care and appropriateness of the continuation of care for 1 of 1 agency with the potential to affect all patients served by the agency.</p> <p>Findings include:</p> <p>1. The agency documents failed to evidence there was a plan for a continuing review of clinical records for each 60 day period a patient receives services or that any review had been completed for patients on service for 2011 and 2012.</p> <p>A. On 7/31/12 at 1:15 PM, during the entrance conference the administrator indicated she has no data for quality assurance, only has problems on notes, discusses patient problems with the alternate director of nursing casually and documents.</p> <p>B. On 7/31/2012 at 3:20 PM, the surveyor requested a copy of the quality insurance performance improvement program (QAPI) policy, and information regarding patient problems that have been discussed. The surveyor explained to the DON.</p> <p>C. On 8/3/12 at 11:45 AM, the surveyor requested the QAPI program from the administrator/director of nursing (DON). The DON indicated she did not know about the QAPI program. The surveyor explained to the DON.</p>			G 251			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012649		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/03/2012	
NAME OF PROVIDER OR SUPPLIER AMAZING GRACE MY CHOICE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 8727 COMMERCE PARK PL STE L INDIANAPOLIS, IN 46268			
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G 251	<p>Continued From page 74</p> <p>2. On 8/3/12 at 12:00 PM, the surveyor received several documents from the administrator/director of nursing. The documents did not evidence a plan for the overall policy and administrative review.</p> <p>A. A document that states, "TYPE OF DATA: 4-12-12,DATE, NUMBER/NAME, ADM, MEET INDICATOR, COMMENTS." The document is a grid with patient's names. (Referenced in other documents in attachment)</p> <p>B. An undated document with a handwritten title of Amazing Grace My Choice (illegible word) that states, " IV Strengths 1. Increased knowledge of the home care industry. 2. Knowledge of community resources 3. Good referral base 4. Committed staff V. Weaknesses 1. Difficulty engaging additional competent, dedicated staff 2. Understanding and implementing new regulations 3. Making a profit in the face of decreased payments 4. Improving financial resources and billing procedures VI. OPPORTUNITIES 1. Expansion into other areas of home care such as pediatrics and psychiatric 2. Expansion into other areas of the state VII. THREATS 1. Industry over regulation 2 Increased competition 3. Decreased payment sources "</p> <p>C. A blank undated document titled, "CLIENT SATISFACTION SURVEY"</p> <p>D. A document with a handwritten title of Amazing Grace MC (illegible word) HHA that states, "Meetings held with the D.O.N. and (the name of the administrator/director of nursing) and A.D.O.N.(the name of the alternate</p>			G 251			

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G 251	Continued From page 75 administrator/director of nursing) with meeting dates 5/1/2011,5/30/2011,6/4/11, and 6/18/11. E. A document dated 8/15/11 with the handwritten title of " Amazing Grace My Choice (illegible word) HHA. The document evidences a meeting with members of the governing body. F. A document undated and titled, "8.6 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT INITIATIVES" 3. The undated policy, titled, " 1.10 GOVERNANCE" states, "12. Evaluate organizational performance through the Organizational Annual Evaluation. 15. Allocate resources for the implementation of an Agency wide Quality Assessment and Performance Program, receive reports and approve the Agency quality assurance activities." 4. The undated policy, titled "1.18 AGENCY SUPERVISION states, "The Administrator may act as the Director of Nursing if he/she is a registered nurse, or may appoint another individual who has authority and responsibility for the execution of the following major functions: d. Evaluate the effectiveness of the Agency's program and services."			G 251			
G 332	484.55(a)(1) INITIAL ASSESSMENT VISIT The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date. This STANDARD is not met as evidenced by: Based on clinical record and policy review and			G 332			

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G 332	<p>Continued From page 76</p> <p>interview, the agency failed to ensure the initial assessment visit was made within 48 hours of referral of 1 of 12 patient records reviewed (#9) with the potential to affect all new patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #9, start of care date 2/28/12, was referred for home care on 2/24/12. The initial assessment visit was not completed until 2/28/12. The clinical record evidenced documentation by the administrator / director of nursing that states, " 02/24/12 11 AM, [the patient's name] was referred from [the name of the hospital] at 11 AM through the social worker. 02/25/12 3 PM, A call was made to [the name of the patient] to allow assessment and admission visit to be made. The person who answered said he does not live there. 3:30 PM The Social Worker [the name of the hospital] called and clarified it was the right home and made an appointment for the following day. 2/28/12 9 am. A visit was made for admission and assessment."</p> <p>2. The undated policy titled "2.5 GUIDELINES FOR ASSESSMENT INITIAL COMPREHENSIVE ASSESSMENT" states, "2. The initial assessment will be made within 48 hours and will include:"</p> <p>3. On 7/31/12 at 1:10 PM, during the entrance conference the administrator/director of nursing indicated she completes admission assessments within 48 hours unless the patient declines.</p>			G 332			
G 337	<p>484.55(c) DRUG REGIMEN REVIEW</p> <p>The comprehensive assessment must include a review of all medications the patient is currently</p>			G 337			

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G 337	<p>Continued From page 77</p> <p>using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, and policy review, the agency failed to ensure the medication profile was accurate for 3 of 12 (#3, 8 and 9) records reviewed with the potential to affect all the patients of the agency.</p> <p>Findings:</p> <p>1. Clinical record #3, start of care 1/24/12, evidenced a skilled nurse note dated 7/13/12 that documented Lasix was increased from 10 mg (milligrams) to 20 mg. The medication administration record failed to evidence documentation of the medication.</p> <p>2. Clinical record #8, start of care 9/9/11, evidenced documentation on the recertification assessment dated 7/2/12 documented Vitamin B12 injections monthly. The medication administration record failed to evidence documentation of the medication.</p> <p>3. Clinical record #9, start of care 2/28/12, failed to evidence a medication administration record.</p> <p>4. The undated policy titled "2.57 CLINICAL RECORD CONTENTS" states, "s. physician orders that include medications."</p>			G 337			
G 341	484.55(d)(3) UPDATE OF THE COMPREHENSIVE ASSESSMENT			G 341			

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G 341	<p>Continued From page 78</p> <p>The comprehensive assessment must be updated and revised (including the administration of the OASIS) at discharge.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record and policy review, the agency failed to ensure a comprehensive discharge assessment was completed for 2 of 4 closed records reviewed with the potential to affect all the agency's patients. (#1 and 9)</p> <p>Findings include:</p> <p>1. Clinical record # 1 evidenced the patient was discharged on 2/8/12. The record failed to evidence a comprehensive discharge assessment had been completed.</p> <p>2. Clinical record # 9 evidenced the patient was discharged on 6/28/12. The record failed to evidence a comprehensive discharge assessment had been completed.</p> <p>3. The undated policy titled "2.14 Discharge/Transfer Policy" states, " 8. Oasis data sets are completed when a patient is transferred or discharge."</p>			G 341			